SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

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	COVI	ER PAGE	JL, UI	
1. NAME OF COMMITTEE				
Barnes for	Treasurer			
2. TREASURER NAME	THE STATE			
First	MI	Last		Suffix
2MIW		Darnes		
3. TREASURER ADDRESS Street Address	Cit		State	Zip Code
1922 Yerkins	S }	'bristol	CT	06010
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete on	tly if Candidate Committee)		6. DISTRICT NUMBER
(mm/dd/yyyy) 11/07/2017	City Trease	xec		(if applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee)			
First	MI	Last		Suffix
1 TOMAS		Tunes		<u> </u> \(\gamma'\);
8. TYPE OF REPORT (Check One Box) January 10 filing	☐ 7th day preceding primary	☐ 7th day preceding referendum	☐ Initial Cont	ibution or Disbursement
☐ April 10 filing	☐ 30 days following primary	☐ 45 days following referendum	(PACs ONLY)	Satisfied of Bissardonien
		☐ Deficit	☐ Amendment	
July 10 filing	☐ 7th day preceding election	•	Type of Rep	ort:
October 10 filing	☐ 12th day preceding election (State Central Committees Only)	☐ Termination		<u></u>
O Primary O Election	☐ 45 days following election not held in November			**************************************
	not held in November			
9. PERIOD COVERED				
	Beginning Date	Ending Date		
	Jos 1 2017	thru (1) 10 2017		
٠	Apr. 1, 2011	Joig 10, 201 1	<u></u> :	
10. CERTIFICATION				
IU. CERTIFICATION	Section 2015 Section 1997			
I hereby certify and state, under p Disclosure Statement for the per		t all of the information set forth on thie and complete.	is Itemized Can	npaign Finance
		~~~		
Change &		Parily Parnes	•	7-7-17
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE) PR	INT NAME OF SIGNER		DATE (mm/dd/yyyy)
				-
A narron who is	found to have knowingly and	willfully violated any provisions of the	e campaign fina	nce statutes

nowingly and willfully violated any provisions faces a civil penalty or imprisonment or both.

Page 1 of 17

#### **SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2015

#### **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE Provide Complete Name as Registered with Filing Repository)  Darul 3 - Vol The OSCHOL	TYPE OF REPORT	Filing.
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		Ø
12. Balance on hand at the beginning of Reporting Period	Ø	
13. Contributions Received from Individuals (Sections A and B)	6615.	lele15
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	40	40.
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	19(255.	Lele 56
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	6655.	101055.
19. Expenses Paid by Committee (Section P)	596.87	596.87
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	4058.13	10058.13
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	0	0
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c Payments on Loan	0	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)		0
27. Expenses Incurred on Committee Credit Card (Section R)	O	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	PE OF REPORT
Parnes for treasurer	We 10th filmer-
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A	11(115.
B. Itemized Contributions from Individus	als
Last Name First Denise	MI
Residential Street Address City	State Zip Code
Principal Occupation  Name of Employer	C 06010
Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to a candidate for a chief executive off does contributor or business he/she is associated with have a contract with valued at more than \$5,000?	
Is this contribution associated with an Yes   Is contributor a principal of a state contractor or prospective state contributor associated with an Yes   Is contributor as principal of a state contractor or prospective state contributor as principal of a state contractor or prospective state contributor as principal of a state contractor or prospective state contributor as principal of a state contractor or prospective state contributor as principal of a state contractor or prospective state contributor as principal of a state contractor or prospective state contributor as principal of a state contractor or prospective state contractor or prospective state contributor as principal of a state contractor or prospective state co	ntractor?
event reported in Section L1?  If yes, list Event #  No  If yes, indicate which branch or branches of government the contract is with:  Executive	Legislative 20.
Method of Contribution:    Method of Contribution:   Date Received   Agg   Cash	regate Contributions
Last Name First	MI
Residential Street Address   City_	State Zip Code
Al Pronovan C+ Briston	CT 06010
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse,	icer of a municipality, Amount of Contribution
or dependent child of a lobbyist?	said municipality
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contributor aprincipal of a state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a sta	No 75 -
If yes, list Event #     of government the contract is with:     □ Executive     □       Method of Contribution:     Date Received     Aggs	regate Contributions
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order し - 22 - 17	25
Darnes First Elizabeth	MI
Residential Street Address City	State Zip Code
HOO teace dale St Bristol Principal Occupation Name of Employer	CT 06010
'Ketired N/d	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive offit does contributor or business he/she is associated with have a contract with valued at more than \$5,000?	cer of a municipality, said municipality  Amount of Contribution
Is this contribution associated with an event reported in Section L1?  Yes Is contributor a principal of a state contractor or prospective state contractor or prospective state contributor aprincipal of a state contractor or prospective state contributor aprincipal of a state contractor or prospective state contracto	tractor?
If yes, list Event # of government the contract is with: Executive 1	Legislative 200.
Method of Contribution:  □ Cash Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order  □ Cash Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order	egate Contributions
SUBTOTAL Section B — This Pag	e (300 -
TOTAL of additional Section B Page	10315-
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + E (Enter total on Line 13, Column A of Summary Page Total)	

ATTACH OF CALL HOUSE A LA LAND PARTIES LAIL PRODUCT	TYPE OF BEDORE	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  PARYORS For Treasure Complete Name as Registered with Filing Repository)	TYPE OF REPORT	the filing
A. Total Contributions from Small Contributors-Received	ved this Period ONLY SUBTOTAL SECTION A  \$ 1115.	7,00,09
	T WUIS.	
10 PM (10 PM 10 PM	ntributions from Individuals	MI
Last Name	First	
Residential Street Address 1922 Perkins St	Dristo1	State Zip Code  CT OUOIO
Principal Occupation  Add In 18 Stratue Stratue	Name of Employer  Riversical Investage	nts
or dependent child of a lobbyist? Mo does contributor or business he/she	to a candidate for a chief executive officer of a municipality is associated with have a contract with said municipality	y, Amount of Contribution
valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?		100
Method of Contribution:  ☐ Cash	Order 4-21-17 200.	
Last Name Parnes	First	MI
1922 Perkins 87	Bristol)	State Zip Code  T COOLO
Principal Occupation  Administrative Assistant	Riverside Inves	structs
	to a candidate for a chief executive officer of a municipality is associated with have a contract with said municipality  Yes No	Amount of Contribution
Is this contribution associated with an event reported in Section L1?    If yes, list Event #    Is contributor a principal of a section L1?    If yes, indicate which brain of government the contract		100
Method of Contribution:  ☐ Cash	Order 5-23-17 Aggregate Contributions	
Parnes	First Emily	MI R
1282 Old Willow Lane	Solution	State Zip Code 97520
Principal Occupation Honelyaker	Name of Employer	
	to a candidate for a chief executive officer of a municipality is associated with have a contract with said municipality  Yes No	Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a s  If yes, indicate which bran of government the contract		40,-
Method of Contribution:  ☐ Cash ☐ Payroll Deduction ☐ Money	Order Date Received Aggregate Contributions  40, -	
SUBT	OTAL Section B — This Page 240	, -
TOTAL	of additional Section B Pages 1371	5
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	INDIVIDUALS (Sections A + B) 3, Column A of Summary Page Totals)	5

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Barnes for Treasurer	Dolle 10th tiling	
A. Total Contributions from Small Contributors-Receiv	ved this Period ONLY SUBTOTAL SECTION A  \$ 101015.	)
isee manucuota joi definium of aman Contributory	BEBTOTAL BLETTON A LIVE TO THE STATE OF THE	
B. Itemized Co	ontributions from Individuals	
Last Name	First MI	
Residential Street Address	City State Zip Code	
1875 Ferkins St	Distol CT OGO Name of Employer	10
Retired		
	o to a candidate for a chief executive officer of a municipality, as associated with have a contract with said municipality  Yes  No	ibution
	state contractor or prospective state contractor?	
If yes, list Event # of government the contract  Method of Contribution:	ct is with:     Executive   Legislative     Date Received   Aggregate Contributions	
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Last Name	First Lenneth C	1
Residential Street Address	City State Zip Code	8
Principal Occupation	DNSTO   CT   CX OO	0
Refired	NA	
	to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality  Yes  No	bution
Is this contribution associated with an event reported in Section L1?    Yes Is contributor a principal of a section L1?    No If yes, indicate which brain the section L1?	state contractor or prospective state contractor?	-
If yes, list Event # of government the contract  Method of Contribution:	Continuation   Executive   Legislative   Date Received   Aggregate Contributions	
☐ Cash		,
Last Name Penoi+	First	
Residential Street Address	City State Zip Code CT OUOI	$\cap$
Principal Occupation	Name of Employer	<u>U</u> .
Is contributor a lobbyist, spouse,	to a candidate for a chief executive officer of a municipality, Amount of Contril	hution
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	is associated with have a contract with said municipality  Yes  Yes  Your Description of Contract with said municipality	Dution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes Is contributor a principal of a s  If yes, indicate which bran of government the contrac		
Method of Contribution:  ☐ Cash ☐ Payroll Deduction ☐ Money	Date Received Aggregate Contributions	
	OTAL Section B — This Page 450.	
TOTAL OF ALL CONTRIBUTIONS FROM	of additional Section B Pages 10 165.	
	13, Column A of Summary Page Totals) UU15.	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPE OF REPORT	$\wedge$
Barnes for Treasurer Ouly 10°	tiling
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A  \$ (15.)	1
B. Itemized Contributions from Individuals	
Last Name  First  () Year )	$\bigcup_{i=1}^{MI}$
Residential Street Address  ALC STREET ADDRESS STRE	tate Zip Code
Principal Occupation  Name of Employer	<u> </u>
Is contributor a lobbyist, spouse,	A mount of Contribution
or dependent child of a lobbyist? No locs contributor to business he/she is associated with have a contract with said municipality valued at more than \$5,000?	VALUE OF CONTIDUCTOR
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor? Yes event reported in Section L1?  If yes, list Event #  No  If yes, list Event #  DExecutive Desiration Legislative	7)-
Method of Contribution:  Date Received Aggregate Contributions	<b>.</b>
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Betta George	$\mathcal{W}$ .
Residential Street Address 1924 Perkins St Ponstol	ate Zip Code  OQOI()
Principal Occupation  Name of Employer	
Is contributor a lobbyist, spouse,	Amount of Contribution
or dependent child of a lobbyist?	
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative	80
Method of Contribution:  Date Received Aggregate Contributions	
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ 5/28/17 □ Last Name □ First □ Card □ Payroll Deduction □ Money Order □ 5/28/17 □ Card □ Payroll Deduction □ Money Order □ 5/28/17 □ Card □ Payroll Deduction □ Money Order □ 5/28/17 □ Card □ Payroll Deduction □ Money Order □ 5/28/17 □ Card □ Payroll Deduction □ Money Order □ 5/28/17 □ Card □ Payroll Deduction □ Money Order □ 5/28/17 □ Card □ Payroll Deduction □ Money Order □ 5/28/17 □ Card □ Payroll Deduction □ Money Order □ 5/28/17 □ Card □ Payroll Deduction □ Money Order □ 5/28/17 □ Card □ Payroll Deduction □ Money Order □ 5/28/17 □ Card □ Payroll Deduction □ Money Order □ 5/28/17 □ Card □ Payroll Deduction □ Money Order □ 5/28/17 □ Card □ Payroll Deduction □ Money Order □ 5/28/17 □ Card □ Payroll Deduction □ Money Order □ 5/28/17 □ Card □ Payroll Deduction □ Money Order □ 5/28/17 □ Card □ Payroll Deduction □ Money Order □ 5/28/17 □ Card □ Payroll Deduction □ Money Order □ 5/28/17 □ Card □ Payroll Deduction □ Money Order □ 5/28/17 □ Card □ Payroll Deduction □ Money Order □ 5/28/17 □ Card □ Payroll Deduction □ Card □ Payroll Deduct	MI
Biondi Residential Street Address  City Str	ate Zip Code
1740 terkins St Bristol (	T 04010
Principal Occupation  Principal Occupation  Name of Employer  Briar Rosa	
Is contributor a lobbyist, spouse, Sorting the spouse of t	Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches  of government the contract is with:  Executive Legislative	40
Method of Contribution:  Date Received Aggregate Contributions	
□ Cash □ Credit/Debit Card □ Payroll Deduction □ Money Order □ - 8 - 17 40, -	
SUBTOTAL Section B — This Page 70.	
TOTAL of additional Section B Pages 1445	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page Totals)	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	h (i)
A. Total Contributions from Small Contributors-Received	ed this Period ONLY	Tiling
(See instructions for definition of Small Contributor)	UBTOTAL SECTIONA \$ UUS.	-
B. Itemized Cor	ntributions from Individuals   First	MI
<i>'bishop</i>	Robert	<u> </u>
7 Ridgwood Dr	Vernon	State Zip Code O(005
Principal Occupation 1  Taxaplan ev	Name of Employer New Snaland Capita	al Planners
Is contributor a lobbyist spouse, Yes   If contribution is in excess of \$400 t	o a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality  □ Yes □ No	Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a st  If yes, indicate which bran of government the contract	is with:	100-
Method of Contribution:  □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money □ Cash □ Payroll Deduction □ Money □ Cash □	Order 5-24-17 Aggregate Contributions	·
Last Name	First	MI
Bobroske	Time	7:-0-1
141 Berlington Rd	Harwinston	State Zip Code CT OU791
Principal Occupation  Contractor	Rame of Employer Robroske Constr	ection
	o a candidate for a chief executive officer of a municipality, s associated with have a contract with said municipality  Yes No	Amount of Contribution
event reported in Section L1?	t is with:	100
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Contribution ☐ Money Contribution ☐ Payroll Deduction ☐ Money Contribution ☐ Mo	Order Date Received Aggregate Contributions	
Last Name Poi O Co	First Claudin	MI
Residential Street Address  440 West Pines Dr.	So the other	State Zip Code
Principal Occupation	Name of Employer  Associated Conse	bo who
	o a candidate for a chief executive officer of a municipality, s associated with have a contract with said municipality	Amount of Contribution
valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?		100
Method of Contribution:  ☐ Cash ☐ Payroll Deduction ☐ Money C	Date Received Aggregate Contributions	
	7001	
	OTAL Section B — This Page	· -
	of additional Section B Pages 1315	5
TOTAL OF ALL CONTRIBUTIONS FROM	INDIVIDUALS (Sections A + B)	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	$\wedge$
Pames for Treasurer	- Du 104	n Johna
A. Total Contributions from Small Contributors-Received	ved this Period ONLY SUBTOTAL SECTION A  \$ 1010 15 -	1100
(account tollow) algorithms and account with	WIS.	
B. Itemized Co	ntributions from Individuals	
Last Name	First	MI
Residential Street Address  31 Alps Cal To an Circle	City	State Zip Code  CT 0/0443
Principal Occupation	Name of Employer	stration
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she	to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality	Amount of Contribution
	state contractor or prospective state contractor?  Yes nch or branches  ZU. No	<u></u>
If yes, list Event # of government the contract		80.
Method of Contribution:  ☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money		
Last Name CAGGIAMO	First	MI
Residential Street Address  Address  Address  Residential Street Address  Residential Street Address	city Driotol (	State Zip Code  Code
Principal Occupation	Name of Employer	20100.209
	to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality	Amount of Contribution
valued at more than \$5,000?	state contractor or prospective state contractor?	
event reported in Section L1?	nch or branches Executive Legislative No	100
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 0-22-17 Aggregate Contributions	
Last Name CAYLSON	First Clifford	MI
Residential Street Address	City Bristol (	State Zip Code
Principal Occupation	Name of Employer	
	to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality  Yes No	Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # No		50
Method of Contribution:	Order Date Received Aggregate Contributions	
	OTAL Section B — This Page 230	
TOTAL	of additional Section B Pages 10287	
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	(INDIVIDUALS (Sections A + B) 3, Column A of Summary Page Totals)	-

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPE OF REPORT
Barnes for Treasurer Ouly 10th Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A  \$ 100 15.
B. Itemized Contributions from Individuals
Last Name Or Son
Residential Street Address  City  State Zip Code
Principal Occupation   CT   OCO 10
Office Admin IFG Companies
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?    Yes or dependent child of a lobbyist?    No    If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?    Yes    Amount of Contribution    Amount of Contribution    Yes    Yes
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:    Executive   Legislative
Method of Contribution:  □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order   (1 - 22 - 17   44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   - 44   -
Last Name   First   MI
Carrier
Residential Street Address  City  Bristo  Ct OLOIO
Principal Occupation Name of Employer
Is contributor a lobby'st, spouse,
or dependent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?
Method of Contribution:  Date Received Aggregate Contributions
□ Cash Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ -22-17 □ 50
Carrier Francine H.  Residential Street Address City State Zip Code
19 Winston C+ Bristol CT 04010
Principal Occupation  Name of Employer  Carrier Group Inc.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?
Is this contribution associated with an Sacrated Sacrate Sacra
event reported in Section L1?  If yes, indicate which branch or branches of government the contract is with:  Executive Legislative
Method of Contribution:  □ Cash
SUBTOTAL Section B — This Page 340.
TOTAL of additional Section B Pages U275.
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)  (Enter total on Line 13, Column A of Summary Page Totals)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	th Min
Darnes for heasurer		CUU IU	- trung
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$ 1810 15,-	J
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B. Itemized Co	ntributions from Indivi	iduals	
Last Name Caxcoll	First Robert		MI
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Principal Occupation	Name of Employer		TICOLO
Retired	NJ4_	• 	·
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Method of Contribution:	Date Received	Aggregate Contributions	100
☐ Cash 🗖 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money		100	
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Residential Street Address  3Le Allen St	Bristol	s	tate Zip Code  T OLOIO
Principal Occupation	Name of Employer	12 intal	
Is contributor a lobbyist, spouse,			Amount of Contribution
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?			
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a section L1?  No  If yes, indicate which brain of government the contract		te contractor? Yes No Legislative	40
Method of Contribution:	Date Received	Aggregate Contributions	10
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Last Name D'Anato	don	T.o.	d.
Residential Street Address  Patricia Dr.	Bristo)		tate Zip Code T OUOIO
Principal Occupation  Retired	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executiv is associated with have a contract  Yes  No	e officer of a municipality, with said municipality	Amount of Contribution
	state contractor or prospective stat	e contractor? Yes	100
If yes, list Event # of government the contrac		Legislative Aggregate Contributions	120.
Method of Contribution:  Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money		Aggregate Controllous	
	OTAL Section B — This	Page 2(00)	_
TOTAL	of additional Section B P	ages 1,355	5. –
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	I INDIVIDUALS (Sections A 3, Column A of Summary Page 3		_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Barnes for Treasurer	Order 10t	Filina
A. Total Contributions from Small Contributors-Receiv	ed this Period ONLY SUBTOTAL SECTION A \$ 1015.	
B. Itemized Con	ntributions from Individuals	
Last Name Deltino	First William	MI
Residential Street Address  305 Portugate - Rd	City	State Zip Code
Principal Occupation	Name of Employer  Industrial Jewels	· ( ) · ( ) · ( ) · ( )
or dependent child of a lobbyist?	to a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality	Amount of Contribution
	☐ Yes ☐ Yo  state contractor or prospective state contractor? ☐ Yes uch or branches	100
event reported in Section L1? No If yes, indicate which bran of government the contract Method of Contribution:		100.
□ Cash		
Last Name Del Mastro	First	MI .
Residential Street Address  Chiannels Crest Xanl	City Pristol	tate Zip Code
Principal Occupation	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes If contribution is in excess of \$400 t does contributor or business he/she is	o a candidate for a chief executive officer of a municipality, is associated with have a contract with said municipality	Amount of Contribution
	☐ Yes ☒ No  state contractor or prospective state contractor? ☐ Yes	On
event reported in Section L1?		80
☐ Cash ☐ Payroll Deduction ☐ Money		
Last Name	Christopher Christopher	$\int_{0}^{MI} \int_{0}^{\infty}$
	City S	tate Zip Code
Principal Occupation	Name of Employer	<u> </u>
	o a candidate for a chief executive officer of a municipality,	Amount of Contribution
valued at more than \$5,000?	s associated with have a contract with said municipality  Yes  No	
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a st If yes, list Event # No of government the contract		80
Method of Contribution:  □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money ©	Date Received Aggregate Contributions	
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	of additional Section B Pages 1035	5
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1:	INDIVIDUALS (Sections A + B) 3, Column A of Summary Page Totals)	5

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Earnes for Treasurer	JUL 10	in filina
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)  SUB	this Period ONLY BTOTAL SECTION A \$ (1015.	- 8
B. Itemized Contr	ibutions from Individuals	MI
D7)0100+	Melanie	<i>[μ</i> ).
Residential Street Address City		State Zip Code
Principal Occupation	Name of Employer	CT 100010
Insurance chant	Roland Dinian +	dance
or dependent child of a lobbyist?  \( \sqrt{No'} \) does contributor or business he/she is as	candidate for a chief executive officer of a municipality ssociated with have a contract with said municipality	Amount of Contribution
	contractor or prospective state contractor?	100 -
event reported in Section L1?		100.
Method of Contribution:	Date Received Aggregate Contributions	
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Discont	Koland	<u>J</u> ,
Residential Street Address	D to a second	State Zip Code
Principal Queupation	Name of Employer	CT 104010
Sales	Roland Domant of	GONCIA
Is contributor a lobbyist, spouse,   Yes If contribution is in excess of \$400 to a contribution is excessed in \$400 to a contribution in \$400 to a contribution is excessed in \$400 to a contribution in \$400 to a contributio	candidate for a chief executive officer of a municipality	Amount of Contribution
or dependent child of a lobbyist? No does contributor or business he/she is as valued at more than \$5,000?	sociated with have a contract with said municipality  Yes No	
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Ducont	Cany	M.
Residential Street Address 72 Maple St. #302	Bristol	State Zip Code  CT OUO 10
Principal Occupation  Aurin's Streets	Name of Employer  Archaiogese of Ho	ixtford
Is contributor a lobbyist, spouse,	candidate for a chief executive officer of a municipality,	Amount of Contribution
or dependent child of a lobbyist? So does contributor or business he/she is assivalued at more than \$5,000?	sociated with have a contract with said municipality  Yes No	_
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TOTAL of	additional Section B Pages 1132	5.′
TOTAL OF ALL CONTRIBUTIONS FROM IN (Enter total on Line 13, Co	DIVIDUALS (Sections A + B) Column A of Summary Page Totals)	5

NAME OF COMMITTEE (Proude Complete Name as Registered with Filing Repository)		TMPE OF REPORT	
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B. Itemized Co	ntributions from Indiv	iduals	
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Residential Street Address Carpana Red	City Pristol		State Zip Code
Principal Occupation	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes If contribution is in excess of \$400 does contributor or business he/she	is associated with have a contrac		Amount of Contribution
valued at more than \$5,000?  Is this contribution associated with an event reported in Section L1?    Valued at more than \$5,000?    Yes   Is contributor a principal of a		No	
If yes, list Event # of government the contract  Method of Contribution:	Date Received	Aggregate Contributions	40.
☐ Cash 🏚 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Turius II	40.00	
Last Name Fontaine	Parbara	2	MI
Residential Street Address  51 Shove F Lane	Pristol.		State Zip Code  OUOIO
Principal Occupation  Way VULTIVA	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a If yes, indicate which brain of government the contract		te contractor? Yes No Legislative	120
Method of Contribution:  ☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order U - 22 - 17	Aggregate Contributions	
Last Name Franklin	First	0	MI H.
Residential Street Address 1875 Perkins St	City Bristol		tate Zip Code
Principal Occupation  PCOS A D T CO	Name of Employer	Franklin	Enterprise
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amount of Contribution
	state contractor or prospective stat	<b>⊠</b> No	
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SUBT	OTAL Section B — This	Page HO.	
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TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	[ INDIVIDUALS (Sections A 3, Column A of Summary Page :		5 -

NAME OF COMMITTEE Provide Complete Name as Registered with Filing Repository)  TYPE OF REPORT	
Parnes for Treasurer July 10th -	iling
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A  \$ \[ \lambda(\lambda) = \frac{1}{2} \lambda \]	)
B. Itemized Contributions from Individuals    First	MI
Fink Jr. Arthur	P.
Residential Street Address  State  State  State	Zip Code
Principal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No does contributor or business he/she is associated with have a contract with said municipality.	unt of Contribution
valued at more than \$5,000? ☐ Yes ► No	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches of government the contract is with:    Security   Yes   Is contributor a principal of a state contractor or prospective state contractor?    Yes   Is contributor a principal of a state contractor or prospective state contractor?    Yes   Is contributor a principal of a state contractor or prospective state contractor?    Yes   Is contributor a principal of a state contractor or prospective state contractor?    Yes   Is contributor a principal of a state contractor or prospective state contractor?    Yes   Is contributor a principal of a state contractor or prospective state contractor?    Yes   Is contributor a principal of a state contractor or prospective state contractor?	100,-
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Last Name C First	MI
Greenleat Gertrude	M.
Residential Street Address City City City City City City City City	Zip Code
Principal Occupation Name of Employer	Oword
Keticed NA	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Solution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Amout the contributor of business he/she is associated with have a contract with said municipality valued at more than \$5,000?	int of Contribution
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Guerriere Kichard	
Residential Street Address  15 Paitras Rd  City  Boisto)  State  CT	OUOIO
Principal Occupation  Name of Employer  Pohogo	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	nt of Contribution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  No  If yes, list Event #  Executive  Legislative	80
Method of Contribution:  □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Payroll Deduction □ Money Order □ Payroll Deduction □ Date Received □ Aggregate Contributions □ Date Received □ Payroll Deduction □ Money Order □ Payroll Deduction □ Date Received □ Pa	1
SUBTOTAL Section B — This Page 205.	
TOTAL of additional Section B Pages  TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)	
(Enter total on Line 13, Column A of Summary Page Totals)	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPE OF REPORT
Barnes for Treasurer July 10th tiling
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A  \$ \[ \lambda \left( \frac{1}{2} \right) \]
B. Itemized Contributions from Individuals
Last Name  Clonfordo  First  ROSS
Residential Street Address  City  Bloom of C  City  City  City  City  CT  C10002
Principal Occupation Name of Employer
Is contributor a lobbyist, spouse, See If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, Amount of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer off a municipality, does contribution or business he/she is associated with have a contract with said municipality valued at more than \$5,000?
Is this contribution associated with an event reported in Section L1?  If yes, list Event # No
Method of Contribution:  □ Date Received   Aggregate Contributions   □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order   (1 - 22 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   50 - 17   5
Last Name Haberfeld First David
Residential Street Address  City  Bristol  City  City  Bristol
Principal Occupation  Name of Employer  1 And Inch 1985
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?
Is this contribution associated with an event reported in Section L1?  If yes, list Event # No
Method of Contribution:  Date Received Aggregate Contributions  Aggregate Contributions  ↓ ←22-17
Last Name  First  ANI  O  O  O  O  O  O  O  O  O  O  O  O  O
Residential Street Address  U2 Havi land St  Principal Occupation  Name of Employer
2000 Mechanic/Owner Hamelin + Sons
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?
Is this contribution associated with an event reported in Section L1?
Method of Contribution:  Date Received Aggregate Contributions  Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ 1 - 22 - 17
SUBTOTAL Section B — This Page 230. —
TOTAL of additional Section B Pages 1,385.
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)

NAME OF COMMITTEE Day In Complete Name - Branch of State By State I	TYPE OF REPORT
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository).  FLUYIUS FOR THOSWER	Olly 10th Filing
A. Total Contributions from Small Contributors-Received this l	Period ONLY ALSECTION A \$ 1015
(See this actions of definition of sinding Contribution)	wasterna.
B. Itemized Contribution	ons from Individuals
Last Name First	1)ilnaa
Residential Street Address  City	istal State Zip Code (TOUO10
Principal Occupation Na	ume of Employer
Admin Assistant Is contributor a lobbyist, spouse,	te for a chief executive officer of a municipality, Amount of Contribution
or dependent child of a lobbyist? Solution with the contributor or business he/she is associate valued at more than \$5,000?	d with have a contract with said municipality  ☐ Yes
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contract of government the contract is with:	
Wethod of Controllion.	te Received Aggregate Contributions  5-2(g-17 100), -
Last Name + Crt 1000	Gail M.
Residential Street Address  No. 11 Ridge Rd  City  Property of the Control of the	State Zip Code CT OUOLO
Principal Occupation National Consultant	eridian HCM
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of dependent child of a lobbyist?  Yes odes contribution is in excess of \$400 to a candidate does contributor or business he/she is associated valued at more than \$5,000?	te for a chief executive officer of a municipality, d with have a contract with said municipality  Yes No
Is this contribution associated with an event reported in Section L1?	
Method of Contribution: Dat	te Received Aggregate Contributions  5.25-17 80.
Last Name Herold First	ennis M
Residential Street Address 580 Stafford Luc Sp. Luc Br	State Zip Code CT OUO10
Principal Occupation Nat	me of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candida does contributor or business he/she is associated valued at more than \$5,000?	te for a chief executive officer of a municipality, d with have a contract with said municipality  Yes No
Is this contribution associated with an event reported in Section L1?  If yes, list Event # No	ches Executive Legislative
Method of Contribution:  □ Cash □ Payroll Deduction □ Money Order  □ Cash □ Payroll Deduction □ Data	Received Aggregate Contributions  5-30-17 40
SUBTOTAL S	ection B — This Page 220.
TOTAL of additi	ional Section B Pages 1395
TOTAL OF ALL CONTRIBUTIONS FROM INDIVII (Enter total on Line 13, Column	DUALS (Sections A + B) A of Summary Page Totals)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPO	DRT.
Pouries for Treasure	TITE OF REAL	10th Isl.
A. Total Contributions from Small Contributors-Receive	d this Period ONLY	- ming
(See instructions for definition of Small Contributor)	JBTOTAL SECTION A 3 1	b. T.
	tributions from Individuals	
Last Name Hick	Thomas	MI
Residential Street Address  Of Cronse Aug	Pristol	State Zip Code  CT OUOIO
Principal Occupation	Name of Employer	
Yroject lead	a candidate for a chief executive officer of a muni	cinality Amount of Contribution
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Is this contribution associated with an event reported in Section L1? No If yes, list Event # Is contributor a principal of a sta If yes, indicate which branch of government the contract is	h or branches	Yes No
Method of Contribution:  □ Credit/Debit Card □ Payroll Deduction □ Money O	Date Received Aggregate Contribu	tions
Last Name	First 1	MI
Marchensky	Shdrea	
Residential Street Address  Ci  23 Casivell Ave	Bristol	State Zip Code  CT OUOIO
Principal Occupation	Name of Employer	
Is contributor a lobbyist, spouse,	a candidate for a chief executive officer of a muni-	cipality, Amount of Contribution
or dependent child of a lobbyist?  No  No  No  No  No  No  No  No  No  N	associated with have a contract with said municipa  Yes  Planto	ality
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state of government the contract of government the contract is section.	h or branches	Yes X-No
Method of Contribution:	Date Received Aggregate Contribut	ions
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Last Name	Kristen	MI
Residential Street Address 470 Brewster Rd	Pristal	State Zip Code
Principal Occupation	Name of Employer	10.000.0
Clergy TV- Fourtibution is in groups of \$400 to	a candidate for a chief executive officer of a munic	7.10
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	associated with have a contract with said municipal Yes \(\sigma' \text{No}\)	lity Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state of the section L1?  No If yes, indicate which branch of government the contract is	n or branches	Yes 20
Method of Contribution:	Date Received Aggregate Contribut	ions
☐ Cash ☐ Payroll Deduction ☐ Money On	rder   Le-18-17   20	
SUBTO	TAL Section B — This Page	110
	f additional Section B Pages	506
TOTAL OF ALL CONTRIBUTIONS FROM I (Enter total on Line 13,	NDIVIDUALS (Sections A + B) Column A of Summary Page Totals)	1015-

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor,	y).	TYPE OF REPORT	Λ
Hames for Treasurer		July 104	n tiling
A. Total Contributions from Small Contributors-Reco	eived this Period ONLY SUBTOTAL SECTION A	\$ 101015	1
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13 to 14 to 15	Contributions from Indivi	duals	
Last Name	First Occold		MI
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Principal Occupation	Donstol Name of Employer		T 100010
Retired	1)4		
or dependent child of a lobbyist?	00 to a candidate for a chief executive she is associated with have a contract		Amount of Contribution
	f a state contractor or prospective state	e contractor?	
event reported in Section L1? No If yes, indicate which by of government the con		☐ Legislative	50.
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Residential Street Address	City	St	ate Zip Code
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Retired	NA.		
	00 to a candidate for a chief executive the is associated with have a contract Yes Yes No		Amount of Contribution
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Method of Contribution:	i i	Aggregate Contributions	•
☐ Cash Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mor	rey Order 5-24-17	40.	l MI
Xaswicz	Steven		3
Residential Street Address 244 Westwood Rd	City	St	ate Zip Code
Principal Occupation	Name of Employer		T 106010
	00 to a candidate for a chief executive the is associated with have a contract value and Yes A. No	1 2 1	Amount of Contribution
Is this contribution associated with an event reported in Section L1? ☐ No ☐ If yes, list Event # ☐ No ☐ Government the cont	a state contractor or prospective state ranch or branches ract is with:	contractor? ☐ Yes ☐ No ☐ Legislative	20
Method of Contribution:	Date Received	Aggregate Contributions	
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SUI	BTOTAL Section B — This 1	Page 110.	,
TOTA	AL of additional Section B Pa	1ges 1,505	5
TOTAL OF ALL CONTRIBUTIONS FRO	OM INDIVIDUALS (Sections A ne 13, Column A of Summary Page T		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPE OF REPORT
Sources for Treasurer Duly 10th tilling
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A  \$ 10.00000000000000000000000000000000000
B. Itemized Contributions from Individuals
Last Name First MI
Residential Street Address  City  State Zip Code
Principal Occupation  Name of Employer    CT   OU O 1 O
Retired NA.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?   Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?
Is this contribution associated with an 🔀 Yes   Is contributor a principal of a state contractor or prospective state contractor?
If yes, list Event # Of government the contract is with:
Method of Contribution:  □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Payroll Deduction □ Payrol
Last Name First MI
Residential Street Address City State Zip Code
Leo Maureen Dr. Bristol (T 04010
Principal Occupation  Name of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality  Amount of Contribution
valued at more than \$5,000?
event reported in Section L1?
Method of Contribution:  □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ 1/2-17 □ 2/2-17
Last Name First MI
Residential Street Address   City   State   Zip Code
12 Northeast Rd Farnington Ct 04032
Principal Occupation  Name of Employer  (IA) PM  III
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?   If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?   If yes, indicate which branch or branches of government the contract is with:   Executive Legislative
Method of Contribution:  Date Received Aggregate Contributions
□ Cash  Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ 5-3]-17 □ 100
SUBTOTAL Section B — This Page 230.
TOTAL of additional Section B Pages 1385.
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPE OF REPORT	Λ
Barnes for Treasurer July 10th	filma
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A  \$ (1) 5.	,
B. Itemized Contributions from Individuals	ĪMI
Last Name  Martin  First  Henri	IVII
Residential Street Address  City  State  City  State	Zip Code T OUOLO
Principal Occupation Name of Employer	
Broker Henri Martin Real	estate
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  Is contributor a principal of a state contractor or prospective state contractor?  Yes  If yes, indicate which branch or branches of government the contract is with:	50
Method of Contribution:  Date Received Aggregate Contributions	
□ Cash	Typ.
Last Name Matholi Sinthony	MI
Residential Street Alidress  28 Laves Lave  City  Pristol  Ct	Zip Code
Principal Occupation  Name of Employer  Thomaston Savings	Rank
	Amount of Contribution
Is this contribution associated with an event reported in Section L1?    No    If yes, list Event #    Is contributor a principal of a state contractor or prospective state contractor?    If yes, indicate which branch or branches    of government the contract is with:    Executive    Legislative	100
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□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction ☑ Money Order □ 122-1 □ 100	MI
Miecznikowski Manyann	
Residential Street Address  UU7 NOWN Main St  City  Bristol  Ct	Zip Code OUOLO
Principal Occupation  Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	mount of Contribution
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?   If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?   If yes, indicate which branch or branches  of government the contract is with:   Executive  Legislative	100
Method of Contribution:  □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order  □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order	
SUBTOTAL Section B — This Page 250, —	
TOTAL of additional Section B Pages 1,21,6	_
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)	_

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REP	ORT A
Barnes for Treasurer	Dy	10th tiling
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A SUBTOTAL SECTION A	15. –
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B. Itemized Con	ntributions from Individuals	
Last Name	First	T.
	City	State Zip Code
185 Oakland St	Name of Employer	10 100010
Retired	NA	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive officer of a mur is associated with have a contract with said munici Yes \square Yo	Amount of Contribution pality
		☐ Yes ☑ No
Method of Contribution:	Date Received Aggregate Contrib	utions
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Dielsen	Eric	₹7.
Residential Street Address	City Pristal	State Zip Code OLO
Principal Occupation	Name of Employer	100000
Material Handler	Mchesson Tho	rmacentical
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes   If contribution is in excess of \$400 t does contributor or business he/she is valued at more than \$5,000?	o a candidate for a chief executive officer of a munic is associated with have a contract with said municip Yes 💢 No	Amount of Contribution pality
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Method of Contribution:	Date Received Aggregate Contribu	ations
☐ Cash	Order 5-31-17 80	MI
O'Bren	Richard	✓.
Residential Street Address  2310 Divid Red	Pristol	State Zip Code
Principal Occupation	Name of Employer	
Is contributor a lobbyist, spouse, Yes   If contribution is in excess of \$400 t	o a candidate for a chief executive officer of a mun	icipality, Amount of Contribution
or dependent child of a lobbyist?	is associated with have a contract with said municip Yes Z No	pality
event reported in Section L1?		□Yes 対No
If yes, list Event # of government the contract  Method of Contribution:	t is with:	ntions /
☐ Cash 🛱 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	Order 6-12-17 40	
SUBT	OTAL Section B — This Page	40.
TOTAL	of additional Section B Pages	455
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1.	INDIVIDUALS (Sections A + B) 3, Column A of Summary Page Totals)	0615,-

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	1	TYPE OF REPORT	
Paines for Tolasurer	)	THE OF REFORE	m films
A. Total Contributions from Small Contributors-Rece		\$ 101015	-
(See instructions for definition of Small Contributor)	SUBTOTAL SECTION A	"LUUD"	
B. Itemized C	Contributions from Individ	Huals	
Last Name	First		MI
Residential Street Address	City	.   5	State Zip Code
Principal Occupation	Prookheid Name of Employer		MA 01506
VP of Sales + Marketing	Revolus	·u~	
	00 to a candidate for a chief executive he is associated with have a contract v		Amount of Contribution
L	a state contractor or prospective state	No	80
Method of Contribution: ☐ Cash 🗖 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon		Aggregate Contributions	,
Last Name	First	<u> </u>	MI
Residential Street Address	City		tate Zip Code
33 Chapel St	Bristol		T 00010
Principal Occupation  Retice (	Name of Employer		
	10 to a candidate for a chief executive ne is associated with have a contract v		Amount of Contribution
Is this contribution associated with an event reported in Section L1?	ract is with:	☑ No ☐ Legislative	40.
Method of Contribution:  ☐ Cash 【X Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mone		Aggregate Contributions	
Last Name	First	70,	MI (
Residential Street Address	City_	S	tate Zip Code
81 Cove Rd	Poristol	(	T 04010
Principal Occupation  Resident A	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$40 does contributor or business he/sh valued at more than \$5,000?	0 to a candidate for a chief executive ne is associated with have a contract was Yes ANO	officer of a municipality, vith said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # No If yes, indicate which broof government the contributor a principal of a liftyes, indicate which broof government the contributor aprincipal of a liftyes, indicate which broof government the contributor aprincipal of a liftyes, indicate which broof government the contributor aprincipal of a liftyes, list Event # No If yes, list Event # No If	act is with: Executive	☑No ☐ Legislative	25
Method of Contribution:  ☐ Cash ☐ Payroll Deduction ☐ Mone		Aggregate Contributions	
SUB	STOTAL Section B — This P	1.1-	_
TOTA	L of additional Section B Pa	iges 10470	)
TOTAL OF ALL CONTRIBUTIONS FRO	M INDIVIDUALS (Sections A e 13, Column A of Summary Page To		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPE OF REPORT
Barnes for Treasurer Our 10th tiling
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A  \$ \[ \( \) \( \) \( \) \( \)
B. Itemized Contributions from Individuals
Last Name  First  MI
Residential Street Address  City  State Zip Code
Principal Occupation   The Country
CNC Theis Precision Steel
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contribution or business he/she is associated with have a contract with said municipality valued at more than \$5,000?
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  Yes Ves If yes, indicate which branch or branches
If yes, list Event #     Of government the contract is with:     □ Executive     □ Legislative       Method of Contribution:     □ Date Received     Aggregate Contributions
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order (0-22-17)
Last Name Pirst Hatelun
Residential Street Address  City  State Zip Code  This stay  CT CR AD I
Principal Occupation Name of Employer
Sales Associate Olympia Sports
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?
Is this contribution associated with an event reported in Section L1?  If yes, list Event # No If yes, list Event # Legislative
Method of Contribution:  Date Received   Aggregate Contributions    Aggregate Contributions    Date Received   Aggregate Contributions    Date Received   Aggregate Contributions    Date Received   Date Received    Date Received   D
Last Name First MI
Residential Street Address City State Zip Code
386 luy Drive Bristol CT 04010
Principal Occupation Name of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?
Is this contribution associated with an event reported in Section L1?  If yes, list Event #   Security
Method of Contribution:  □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order □ Payroll Deduction □ Pa
SUBTOTAL Section B — This Page 1/00.
TOTAL of additional Section B Pages 10155 -
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	^
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A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	\$ (2(1)5, -	
B. Itemized Con	ntributions from Indivi	duals	MI
Rivers	Michael	(	1744
Residential Street Address	City		State Zip Code
Principal Occupation	Name of Employer		CT OLOIO
Insurance	Track Dr	iscall + Co	Inc.
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes Valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract	e officer of a municipality, with said municipality	Amount of Contribution
	tate contractor or prospective statech or branches	e contractor?	A) -
Method of Contribution:	Date Received	Aggregate Contributions	<i>.</i>
☐ Cash   ☐ Personal Check  ☐ Credit/Debit Card  ☐ Payroll Deduction  ☐ Money	Jau	50	
Roberal Roberal	First	·	MI
Residential Street Address  1 Lee St.	Bn'stol	S	tate Zip Code  CT OUOIO
Principal Occupation	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes If contribution is in excess of \$400 t does contributor or business he/she i valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?    If yes, list Event #   No If yes, indicate which bran of government the contraction of government the contraction.		e contractor? Yes	100
Method of Contribution:	Date Received	Aggregate Contributions	
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money	Order U-9-17	100:-	MI
Saman	Mike		
90 Tottle Rd	Bristol	(	tate Zip Code  CUOIO
Principal Occupation Retired	Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes does contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?			Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # No If yes, list Event # Is contributor a principal of a st If yes, indicate which bran of government the contract		<b>⊠</b> No	40
Method of Contribution:		Aggregate Contributions	
☐ Cash ☐ Payroll Deduction ☐ Money ©	Order   6-5-17	40	
SUBT	OTAL Section B — This	Page 190.	
TOTAL	of additional Section B P	ages 4425	ĵ
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1:	INDIVIDUALS (Sections A 3, Column A of Summary Page 1		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	Α****
Barnes for Treasurer		Du 10	th filing
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor) SU	this Period ONLY BTOTAL SECTION A	\$ lele 15.	-
B. Itemized Contr	ributions from Indivi	duals	
Last Name	First C		MI
Santoro	Plizabe	th	10.
Residential Street Address City	y		State Zip Code
20 Chippenwood Lane	'Mistol		CT QUOID
Principal Occupation	Name of Employer		
Teacher	(ity of	Waterbux	7.1
Is contributor a lobbyist, spouse,			, Amount of Contribution
or dependent child of a lobbyist?  \( \sqrt{\sqrt{N}} \) does contributor or business he/she is a valued at more than \$5,000?	Sociated with have a contract	with said municipality	
Is this contribution associated with an 🗓 Yes Is contributor a principal of a state		contractor?	
event reported in Section L1?		☐ Legislative	80,-
Method of Contribution:	Date Received	Aggregate Contributions	1
☐ Cash 🗖 Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Ord	der 11-22-17	80	
Last Name	First		MI
$3a9s_{ij}$	Gani		
Residential Street Address City	Larg		State Zip Code
34 Donovan (+	Bristall		CT 04010
Principal Occupation	Name of Employer	· ·	0, 100010
Galf Pa	Chiocon	for an Const	m. Clah
Is contributor a lobbyist, spouse,	candidate for a chief executive	officer of a municipality,	Amount of Contribution
or dependent child of a lobbyist?	ssociated with have a contract v	with said municipality	
Is this contribution associated with an    Yes Is contributor a principal of a state		contractor?	<del> </del>
event reported in Section L1?	or branches	<b>⊠</b> No	40 -
If yes, list Event # of government the contract is  Method of Contribution:		Legislative Aggregate Contributions	1 70
□ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Ord		Aggregate Contributions	·
	JZ (~ [[	70,	MI
Michel	Chn -	muid	1111
Residential Street Address City	- COITT L	WILL	State Zip Code
4 Beacon Heath	Forming to		CT (110032)
Principal Occupation	Name of Employer		<u> </u>
Commercial Loan Officer	Thomasta	n Jannas	Pront
Is contributor a lobbyist, spouse,	candidate for a chief executive		Amount of Contribution
or dependent child of a lobbyist?			ramount of Contribution
valued at more than \$5,000?  Is this contribution associated with an   \begin{align*} \begin{align*} \begin{align*} \begin{align*} \leq \begin{align*} \leq \leq \leq \leq \leq \leq \leq \leq		t0	-
event reported in Section L1?	or branches	contractor?	100-
If yes, list Event # of government the contract is w		Legislative Aggregate Contributions	100.
Method of Contribution:  □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order  □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Order	1		
Cash # Telsonal Check Coledin Debt Cald Carayion Deduction Carayion	ler (1-15-17)	100	
SUBTOT	TAL Section B — This F	age 220	. —
TOTAL of	additional Section B Pa	iges (139)	5, -
TOTAL OF ALL CONTRIBUTIONS FROM IN (Enter total on Line 13, C	DIVIDUALS (Sections A Column A of Summary Page To		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Fames for Treasurer	THE OF REPORT	n filing
A. Total Contributions from Small Contributors-Received	d this Period ONLY JBTOTAL SECTION A  \$   1   1   5	-
	I CLATA	
B. Itemized Cont	tributions from Individuals	
Last Name Scarritt	First Susan	MI
	ity	State Zip Code  (T ()(1032)
Principal Occupation Composition	Name of Employer	<u> </u>
	a candidate for a chief executive officer of a municipality, associated with have a contract with said municipality  Yes  No	Amount of Contribution
	tte contractor or prospective state contractor?	100
Method of Contribution:  ☐ Cash	Order Date Received Aggregate Contributions	
Last Name Smith	First	MI
Residential Street Address 77 Baldwin Dr.	Bristol	State Zip Code  T OUOIO
Principal Occupation Refired	Name of Employer	
	a candidate for a chief executive officer of a municipality, associated with have a contract with said municipality	Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a sta If yes, indicate which branch of government the contract i		25.
Method of Contribution:  ☐ Cash ☐ Payroll Deduction ☐ Money Or	Date Received Aggregate Contributions	
Last Name Thompson	hem	MI A.
277 Old Orchard Kd	"Bristol	State Zip Code  CT OUOIO
Principal Occupation  R. N.	Pristol Hospital	
	a candidate for a chief executive officer of a municipality, associated with have a contract with said municipality    Yes  No	Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state of government the contract is	s with:	80
Method of Contribution:  □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Money Or	Date Received Aggregate Contributions	
SUBTO	TAL Section B — This Page 205.	
TOTAL o	of additional Section B Pages U410	. –
TOTAL OF ALL CONTRIBUTIONS FROM II (Enter total on Line 13,	NDIVIDUALS (Sections A + B) Column A of Summary Page Totals)	. –

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Barnes for Treasurer		Du 104	h filing
A. Total Contributions from Small Contributors-Recei	ived this Period ONLY SUBTOTAL SECTION A	s W15	- 4
B. Itemized Co	ontributions from Indivi	duals	
Last Name Vallerio	First Carnuli	ta	MI
Residential Street Address  AB Marlem Dr.	Bristol		State Zip Code  CT CUOIO
Principal Occupation  ROFICE	Name of Employer		
	0 to a candidate for a chief executive is associated with have a contract Yes Mo		Amount of Contribution
Is this contribution associated with an event reported in Section L1?		e contractor?	40.
Method of Contribution:  ☐ Cash ☐ Payroll Deduction ☐ Mone	Date Received ey Order 5-30-17	Aggregate Contributions	
Last Name	First (ASO)		MI
Residential Street Address 163 Mayreem Dr.	Pristol	(	State Zip Code  TOUOIO
Principal Occupation	Name of Employer	1 GINOUS	
	o to a candidate for a chief executive to a sassociated with have a contract of Yes 🔼 No		Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event # No If yes, indicate which broof government the contributor a principal of a lift yes, indicate which broof government the contributor aprincipal of a lift yes, indicate which broof government the contributor aprincipal of a lift yes, indicate which broof government the contributor aprincipal of a lift yes, indicate which broof government the contributor aprincipal of a lift yes, indicate which broof government the contributor aprincipal of a lift yes, indicate which broof government the contributor aprincipal of a lift yes, indicate which broof government the contributor aprincipal of a lift yes, indicate which broof government the contributor aprincipal of a lift yes, indicate which broof government the contributor aprincipal of a lift yes, indicate which broof government the contributor aprincipal of a lift yes, indicate which broof government the contributor aprincipal of a lift yes, indicate which broof government the contributor aprincipal of a lift yes, indicate which broof government the contributor aprincipal of a lift yes, indicate which broof government the contributor aprincipal of a lift yes, indicate which are lift yes a	act is with:   Executive	☐ Legislative	40
Method of Contribution:  □ Cash □ Personal Check □ Credit/Debit Card □ Payroll Deduction □ Mone		Aggregate Contributions	
Last Name  Wilcox	First UN SOUL		B.
Residential Street Address  12 Howe Stead Farm 72d  Principal Occupation	Sencho Name of Employer		tate Zip Code VT 054 U 5
Y 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	to a candidate for a chief executive		
	e is associated with have a contract v		Amount of Contribution
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Method of Contribution:  ☐ Cash   ☑ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money	1	Aggregate Contributions	
SUB	TOTAL Section B — This 1		
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TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INDIVIDUALS (Sections A 13, Column A of Summary Page T		j. –

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor)	)	TYPE OF REPORT	<u> </u>
Barnes for Treasurer		Du 104	h filing
A. Total Contributions from Small Contributors-Reco	eived this Period ONLY SUBTOTAL SECTION A	\$ 101015 -	
B. Itemized (	Contributions from Indiv	iduals	
Last Name	First		MI
Residential Street Address	City _		State Zip Code
At Lynn Rd	Bristol	(	J 04010
Principal Occupation	Name of Employer	1000000	2
Is contributor a lobby ist, spouse, Yes If contribution is in excess of \$4	00 to a candidate for a chief executive	ve officer of a municipality,	Amount of Contribution
or dependent child of a lobbyist?  No does contributor or business he/s valued at more than \$5,000?	he is associated with have a contrac		
event reported in Section L1?		∑ No	100
If yes, list Event # of government the cont	ract is with: Lexecutive  Date Received	☐ Legislative    Aggregate Contributions	40
☑ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ney Order U-22-17	40	
Last Name	First		MI j
Residential Street Address	City	S	tate Zip Code
24 Westminster Rd	Bristol		CT QUOID
Principal Occupation	Name of Employer	÷	
	00 to a candidate for a chief executiv		Amount of Contribution
or dependent child of a lobbyist?  No does contributor or business he/si valued at more than \$5,000?	he is associated with have a contract  Yes  No	with said municipality	
event reported in Section L1?		<b>⊠</b> No	1/1
If yes, list Event # of government the cont	Date Received Executive	☐ Legislative Aggregate Contributions	70.
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon	ey Order & 5-25-17	40	
Last Name  11) 1500 - Jalan	First		MI
Residential Street Address	City	S	tate Zip Code
76 Hartford Rd	Simsbury	(	J 04070
Principal Occupation	Name of Employer		
	0 to a candidate for a chief executiv		Amount of Contribution
or dependent child of a lobbyist?    Mac No   does contributor or business he/sl valued at more than \$5,000?	ne is associated with have a contract  Yes  No	with said municipality	
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of If yes, indicate which by	a state contractor or prospective state anch or branches	e contractor?	100 -
If yes, list Event # of government the contribution:		Legislative Aggregate Contributions	100.
☐ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Mon		100	
SUE	TOTAL Section B — This	Page 180	
	L of additional Section B P	100	
TOTAL OF ALL CONTRIBUTIONS FRO		<u> </u>	), -
	2 13, Column A of Summary Page		. – .

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPE OF REPORT
Formes for Treasurer July 10th Filing
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A  \$ \[ \( \) \( \) \( \) \( \)
B. Itemized Contributions from Individuals
Last Name Windle First Deborah MI F
Residential Street Address  [City   City   C
Principal Occupation  Name of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality
valued at more than \$5,000?   Yes No
If yes, list Event # OExecutive OLegislative
Method of Contribution:  OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order  Date Received Aggregate Contributions  Aggregate Contributions
Last Name First MI
Residential Street Address City State Zip Code
Principal Occupation   Name of Employer   CT OUTSU
Attorney the Hanzy 2aw Firm
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Amount of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Executive Degislative
Method of Contribution:    Date Received   Aggregate Contributions
Last Name First MI
Residential Street Address City 1 State Zip Code
200 Gilead St Hebron CT 04218  Principal Occupation Name of Employer
Debuist
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  No  Yes  No  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Amount of Contribution of C
Is this contribution associated with an event reported in Section L1?  If yes, list Event #   Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #   Executive   Legislative   Le
Method of Contribution:  Cash Personal Check Ocredit/Debit Card Payroll Deduction Omoney Order  Date Received Aggregate Contributions  U-22-17
SUBTOTAL Section B — This Page 250
TOTAL of additional Section B Pages U3U5
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	T	YPE OF REPORT	
Starnes for Treasurer		July 10th +1	ling
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ed this Period ONLY SUBTOTAL SECTION A	11115.	)
	·		
B. Itemized Co.	ntributions from Individu	als	
Last Name COLLY &	First NAOS		MI
Residential Street Address	City	State Zij	p Code
Principal Occupation	Name of Employer	- CT C	4032
Doctor	Sa MG MG L	deen.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Who does contributor or business he/she	to a candidate for a chief executive of is associated with have a contract with	fficer of a municipality, Amount	of Contribution
valued at more than \$5,000?	Oyes <b>S</b> No		
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes   Is contributor a principal of a second by the second by t		ØNo ,	20
Method of Contribution:	1 , 1	gregate Contributions	
Cash Personal Check Credit/Debit Card Payroll Deduction Money		100	
Last Name Betta	First Hath Ca		MI
Residential Street Address	City	State Zip	Code
Principal Occupation	Name of Employer		10010
Retired	NA		
	o a candidate for a chief executive of s associated with have a contract with Yes		of Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Section L1?  No  If yes, indicate which brain of government the contract		<b>Q</b> N₀   <b>7</b> 7	)
Method of Contribution:	1 "	gregate Contributions	
Cash Personal Check Credit/Debit Card Payroll Deduction Money  Last Name	Order   1   -   2 -   7	50	TM
<b>Hish</b>	Leslie		MI
94 Belridge Rd	Bristol		Code (4010)
Principal Occupation	Name of Employer		
Is contributor a lobbyist, spouse,  Yes If contribution is in excess of \$400 to			of Contribution
or dependent child of a lobbyist?	s associated with have a contract with Yes No	h said municipality	
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a s  If yes, indicate which bran of government the contrac		ntractor? OYes No	), -
Method of Contribution:	Date Received Agg	gregate Contributions	
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order 11-5.17	4(),-	
SUBT	OTAL Section B — This Pa	ge 190.—	
TOTAL	of additional Section B Pag	es 10425, -	
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line 1	INDIVIDUALS (Sections A + 3, Column A of Summary Page Tota		

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  TYPE OF REPORT
Duy 10th tiling
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)  SUBTOTAL SECTION A
B. Itemized Contributions from Individuals
Last Name First TEH MI
Residential Street Address  Ple State Zip Code  City Dristol  City Dristol
Principal Occupation Name of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes   If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality
valued at more than \$5,000?
event reported in Section L1?  No  If yes, indicate which branch or branches of government the contract is with:  © Executive OLegislative
Method of Contribution:  Date Received Aggregate Contributions
Cash Personal Check Ocredit/Debit Card Opayroll Deduction Omoney Order Card Opayroll
Pasqualicchio First David
Residential Street Address - State Zip Code  1389 State Zip Code  TO 00010
Principal Occupation Name of Employer
Is contributor a lobbyist, spouse,  Yes If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, Amount of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Amount of Contribution  Amount of Contribution  Yes  O Yes  O No
Is this contribution associated with an event reported in Section L1?  Is contributor a principal of a state contractor or prospective state contractor?  If yes, list Event #  Solve If yes, indicate which branch or branches of government the contract is with:  Executive Contractor?  Executive Contractor?
Method of Contribution:  Date Received Aggregate Contributions
Cash Personal Check Ocredit/Debit Card Payroll Deduction Omoney Order U-11-17 HO
Sattler Rachel
Residential Street Address  52 Belgian (Iccle Bristo)  State Zip Code  CT 04010
Principal Occupation Name of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes or dependent child of a lobbyist?  If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?  Yes No
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Yes  If yes, indicate which branch or branches of government the contract is with:  Executive Desislative
Method of Contribution:  Date Received Aggregate Contributions
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney Order U-18-17 100
SUBTOTAL Section B — This Page 180. —
TOTAL of additional Section B Pages 4435
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)

		l with Filing Reposito	iry)		TYRE OF REPORT	
barnes for TH	asur				100ley10	the filing
Name of Committee	C1.	Contribution	is from O	her Comm		
Name of Committee				Name of freasu	(ci	
Adding				<u> </u>		
Address	·		Is this contri event reporte	ed in Section L1?	with an Yes No	Amount of Contribution
City	State	Zip Code	Date Recei	ved	Aggregate Contributions	
Name of Committee				Name of Treasur	er	
					And the state of t	
Address			Is this contri	bution associated	with an Yes No	Amount of Contribution
			event reporte	d in Section L1?	Event#	
City	State	Zip Code	Date Recei		Aggregate Contributions	<del>-</del>
		and the state of t				
Name of Committee	L			Name of Treasur	er	
	The state of the s					
Address	Market Control of the		Is this contri	ution associated	with an Yes No	Amount of Contribution
				d in Section L1?		
City	State	Zip Code	Date Recei		Event # Aggregate Contributions	4
		•				·
Ca Poi	- h	nto on Sumb	a Distribu	tions from	other Committees	
Name of Committee	HDUI SEIHE	nts or Surpro	is Distribu	Name of Treasur		
		•		İ		Martin Stranger Committee
Address		•	City			State Zip Code
Address	•		City			State Zip Code
Date Received Expenditure #	Payment Type	•	City			
		ment for shared ex		urplus Distributio	n	State Zip Code  Amount of Receipt
Date Received Expenditure #				arplus Distributio	n	
Date Received Expenditure # (if applicable)				arplus Distributio		
Date Received Expenditure # (if applicable)				urplus Distribution		
Date Received Expenditure # (if applicable)  Description						
Date Received Expenditure # (if applicable)  Description						
Date Received Expenditure # (if applicable)  Description  Name of Committee			pense St			Amount of Receipt
Date Received Expenditure # (if applicable)  Description  Name of Committee		ment for shared ex	pense St			Amount of Receipt
Date Received Expenditure # (if applicable)  Description  Name of Committee  Address  Date Received Expenditure #	Reimburse	ment for shared ex	pense St		er	Amount of Receipt    State   Zip Code
Date Received Expenditure # (if applicable)  Description  Name of Committee  Address  Date Received Expenditure #	Reimburse	ment for shared ex	pense St	Name of Treasur	er	Amount of Receipt    State   Zip Code
Date Received Expenditure # (if applicable)  Description  Name of Committee  Address  Date Received Expenditure # (if applicable)	Reimburse	ment for shared ex	pense St	Name of Treasur	er	Amount of Receipt    State   Zip Code
Date Received Expenditure # (if applicable)  Description  Name of Committee  Address  Date Received Expenditure # (if applicable)	Reimburse	ment for shared ex	pense	Name of Treasur	tion	Amount of Receipt    State   Zip Code
Date Received Expenditure # (if applicable)  Description  Name of Committee  Address  Date Received Expenditure # (if applicable)	Reimburse	sement for shared ex	pense State State State State Section	Name of Treasur  Surplus Distribu	tion 2age	Amount of Receipt    State   Zip Code
Date Received    Expenditure # (if applicable)	□ Reimburse  Payment Type □ Reimbur	sement for shared exement for shared of SUBTO1	pense State State State State State Section of additional	Name of Treasur  Surplus Distribut  C — This I  Section C P.	tion Page	Amount of Receipt    State   Zip Code
Date Received    Expenditure # (if applicable)	□ Reimburse  Payment Type □ Reimbur	sement for shared exement for shared of SUBTO1	pense State State State State Section of additional IBUTIONS	Name of Treasur  Surplus Distribut  1 C — This I  Section C P.  AND RECE	tion  Page S  Ages S	Amount of Receipt    State   Zip Code

NAME OF COMMITTEE (Provide Complete Name as Registered with F	iling Repos	itory)		TXPE OF	REPORT	1
Harries for Treasurer					u 104	Tilina -
D	. Loans	Receiv	ed this Period		)	Participation of the N
Name of Lender		-	Source of Loan:			Date of Receipt
			☐ Bank ☐ Candid	date   Individua	Other Committee	amen. And
Street Address	City			State	Zip Code	Is there a Cosigner or
						Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable)	I				<del>'                                    </del>	Amount Received
						Amount Received
Street Address	City			State	Zip Code	
Name of Lender			Source of Loan:			Date of Receipt
			Bank Candid	late 🔲 Individual		Date of Receipt
Street Address	City		L/	State	Committee Zip Code	Is there a Cosigner or
				3	2.p 0000	Guarantor of this loan?
Name of Casima (Common of Casima)		/				☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)	/					Amount Received
Street Address	City			l State	17:- C. I.	
Sheet Address	City			State	Zip Code	
Name of Lender			Source of Loan:  Bank Candid	late 🏻 Individual	□ Other	Date of Receipt
	•				Committee	
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan?
						Yes No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address	City			State	Zip Code	
			TOTAL SECTIO	ON D		
P. D. a. i. A. C E. 4'4' a 41 41.	T J:	.: J l.	O.I C	· · · · · · · · · · · · · · · · · · ·		
E. Receipts from Entities other tha	n mur	Tuuais	or Other Comm	ittees ( <i>Referen</i>	aum Committei	es ONLY)
Name of Entity						
Street Address		· · · · · · · · · · · · · · · · · · ·		Date Received		Amount Received
Substitution and the substitut				Bate Received		Anjoant Received
City		State	Zip Code	Aggregate Contrib		
			Z.p code	Aggregate Contribi	MICHIS	
			l			
NCE-vite						
Name of Entity					· · · · · · · · · · · · · · · · · · ·	
				Date Received	······································	Amount Desired
Name of Entity  Street Address				Date Received		Amount Received
Street Address		State	Zin Code	ı	4	Amount Received
		State	Zip Code	Date Received Aggregate Contribu	tions	Amount Received
Street Address City		State	Zip Code	ı	tions	Amount Received
Street Address		State	Zip Code	ı	tions	Amount Received
Street Address  City  Name of Entity		State	Zip Code	Aggregate Contribu	tions	
Street Address  City  Name of Entity		State	Zip Code	ı	tions	Amount Received  Amount Received
Street Address  City  Name of Entity  Street Address				Aggregate Contribu		
Street Address  City  Name of Entity	,	State	Zip Code	Aggregate Contribu		
Street Address  City  Name of Entity  Street Address				Aggregate Contribu		
Street Address  City  Name of Entity  Street Address	,			Aggregate Contribu		

	1. 1/1.	J. 111 17 11	11111	SELL ID (Dections	7 7 18	•)
NAME OF COMMITTEE (Prov	ide Complete Name as Registe	red with Filing Re	epository)		TYPE	OF REPORT .
tarnes +	ior Theasi	rer			19	les 10th tiling
			ated Bus	iness Treasury (Busin	iess Entit	y Committees ONLY)
Date of Receipt	Is this transaction associa event reported in Section	ated with an		If yes, list Event #		Amount
Date of Receipt	Is this transaction associatevent reported in Section		☐ Yes I	If yes, list Event #		Amount
Date of Receipt	Is this transaction associate event reported in Section		☐ Yes I	If yes, list Event #		Amount
Date of Receipt	Is this transaction associal event reported in Section	ited with an	☐ Yes IJ	If yes, list Event #		Amount
				TOTAL SECTION	1 F	Ø
G. Amount Transfe	erred from Affiliat	ted Labor I	Union or	Other Organization	Treasu	ry (Organization Committees ONLY)
Date of Receipt	Section and the section of the secti	Date of Receipt			Date of Ro	eceipt
Amount			Amo	ount		Amount
				TOTAL SECTION (	G	Ø
	ersonal Funds of t	the Candida	ate Recei	ved this Period (Cana	didate Co	ommittees ONLY)
Date of Receipt	Method of payment:	☐ Pe	ersonal Check	c ☐ Credit/Debit C	Card	Amount  HO 1
Date of Receipt	Method of payment:	☐ Pe	ersonal Check	c ☐ Credit/Debit C	Card	Amount
Date of Receipt	Method of payment:	☐ Pe	ersonal Check	c ☐ Credit/Debit C	Card	Amount
Date of Receipt	Method of payment:	☐ Pe	ersonal Check	c ☐ Credit/Debit C	Card	Amount
				TOTAL SECTIO	)N H	40
		T And	- remails	Contributions		
		I. Athu	Hymous .	ZUILLIDULIONS		
amount.	. If a committee r	receives an	anonym	butions may no long ous contribution, the State Elections Enfo	e campa	aign treasurer shall

for deposit in the General Fund.

NAME OF COMMITTEE Provide Complete Name as Registered with F	iling Repository)	ТҮРЕ	OF RE	EPORT	$\cap$ .
"James for Treasurer			<u>Uli</u>	J 104m	tillna
J. Interest fr	om Deposits in Authorized Accou			)	0
Name of Institution		Date I	Received		Amount
Street Address	City	State	Zi	o Code	
Name of Institution		Date I	Received		Amount
Street Address	City	State	7:	Code	
Silect Address	City	State	Zij	Code	
	TOTAL SECTION	L AC		0	
K. Missallangous Mo	netary Receipts not Considered C		ution		
Name	metary Receipts not Considered C			ransaction	Amount Received
			,		Amount Received
Street Address	City	State	e	Zip Code	
Description		1			
Name		1	Date_of T	ransaction	Amount Received
Street Address	City	State	•	Zip Code	
Delta					
Description					
Name		]1	Date of T	ransaction	Amount Received
Name Street Address	T City	State			Amount Received
	City			Zip Code	Amount Received
	City				Amount Received
Street Address	City	State	3		Amount Received
Street Address  Description  Name		State	Date of T	Zip Code	
Street Address  Description	City	State	Date of T	Zip Code	
Street Address  Description  Name		State	Date of T	Zip Code	
Street Address  Description  Name  Street Address		State	Date of T	Zip Code	
Street Address  Description  Name  Street Address		State	Date of T	Zip Code	
Street Address  Description  Name  Street Address  Description	City	State	Date of T	Zip Code  Zip Code	
Street Address  Description  Name  Street Address  Description	City  TOTAL SECTION K	State	Date of T	Zip Code  Zip Code	
Street Address  Description  Name  Street Address  Description  SUMMARY OF OTHER	TOTAL SECTION K  MONETARY RECEIPTS (Section	State	Date of T	Zip Code  Zip Code	
Street Address  Description  Name  Street Address  Description  SUMMARY OF OTHER  Total Loans Received this Period (Section D)	TOTAL SECTION K  MONETARY RECEIPTS (Section E)	State State	Date of T	Zip Code  Zip Code	
Street Address  Description  Name  Street Address  Description  SUMMARY OF OTHER  Total Loans Received this Period (Section D)  Total Receipts from Entities other than Individuals or Other	TOTAL SECTION K  MONETARY RECEIPTS (Section E)  TOTAL SECTION K  MONETARY RECEIPTS (Section E)  TOTAL SECTION K	State State	Date of T	Zip Code  Zip Code	
Street Address  Description  Name  Street Address  Description  SUMMARY OF OTHER  Total Loans Received this Period (Section D)  Total Receipts from Entities other than Individuals or Oth  Total Amount Transferred from Affiliated Business Treas	TOTAL SECTION K  MONETARY RECEIPTS (Section of the Committees (Section of the Committees of the Committee of the Co	State State	Date of T	Zip Code  Zip Code	
Street Address  Name  Street Address  Description  SUMMARY OF OTHER  Total Loans Received this Period (Section D)  Total Receipts from Entities other than Individuals or Oth  Total Amount Transferred from Affiliated Business Treas  Total Amount Transferred from Affiliated Labor Union o  Total Amount of Personal Funds of the Candidate Received	TOTAL SECTION K  MONETARY RECEIPTS (Section of the Committees (Section of the Committees (Section of the Committees of the Committee of t	State  State  State  State	Date of T	Zip Code  Zip Code	
Street Address  Description  Name  Street Address  Description  SUMMARY OF OTHER  Total Loans Received this Period (Section D)  Total Receipts from Entities other than Individuals or Oth  Total Amount Transferred from Affiliated Business Treas  Total Amount Transferred from Affiliated Labor Union o  Total Amount of Personal Funds of the Candidate Received  Total Amount of Interest from Deposits in Authorized Acceptable	TOTAL SECTION K  MONETARY RECEIPTS (Section E)  Foury (Section F)  Tother Organization Treasury (Section C)  Ted this Period (Section H)  Counts (Section J)	State  State  State  State	Date of T	Zip Code  Zip Code	
Street Address  Name  Street Address  Description  SUMMARY OF OTHER  Total Loans Received this Period (Section D)  Total Receipts from Entities other than Individuals or Oth  Total Amount Transferred from Affiliated Business Treas  Total Amount Transferred from Affiliated Labor Union o  Total Amount of Personal Funds of the Candidate Received	TOTAL SECTION K  MONETARY RECEIPTS (Section E)  Foury (Section F)  Tother Organization Treasury (Section C)  Ted this Period (Section H)  Counts (Section J)	State   Stat	Date of T	Zip Code  Zip Code	

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)		TYPE OF R	EPORT	<u>,, ()</u>	•
James 4	for treasurer		<u> </u>	40	the til	ing
Event#	L1. Even	t Infor	mation	<u>)</u>		<u> </u>
Date of Event Letter		P			Was this a fur Yes	ndraising event?
Location: Street Address	Farnes for heasurer	City	runaraisu		State	Zip Code
VAA COR 1.	01		S = 1 = 1			1
Subpart 1: (All Committee	ins St		)nisto1	<u> </u>		104010
Was this event hosted at	,	<b>≱</b> (Yes	(If yes, go to Section L5 In-Kind Do			
			Associated with a House Party and purchases made by host(s) for food, l			mation for any
	·	□ No				
	le goods or services donated by a business entity nated by an individual of up to \$100?	_	( <i>If yes</i> , go to Section L4 <b>In-Kind Do</b> and complete required information.)	nations no	ot Considered	Contributions
		₩ No				
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items ndividual of up to \$100?		(If yes, enter Total Receipts here.)		\$	
		X No		<u> </u>		
	nittees, Municipal Candidates and Political Commadvertising space in a program book or on a		her than Exploratory Committees (If yes, go to Section L3 Purchases of		sing Space in a	Program Book
sign associated with this	fundraiser?	🕱 No	or on a Sign and complete required	l informat	tion.)	
Subpart 3: (Town Com	nittees ONLY)	74110				
	food or beverage at a fair or similar mass state with this fundraiser?	☐ Yes	(If yes, enter Total Receipts here.)		\$	
gamering neid widnin the	State with this fundraiser:	🛛 No				
Event # Date of Event Letter	Description				_	ndraising event?
					☐ Yes	□ No
Location: Street Address		City			State	Zip Code
				<u> </u>		
Subpart 1: (All Committee Was this event hosted at		□Yes	(If ves, go to Section L5 In-Kind Do	nations no	ot Considered (	Contributions
			Associated with a House Party and purchases made by host(s) for food, by	complete	required infor	
		□ No			<u>,                                      </u>	
	de goods or services donated by a business entity onated by an individual of up to \$100?	☐ Yes	<ul> <li>(If yes, go to Section L4 In-Kind Do and complete required information.)</li> </ul>	nations no	ot Considered	Contributions
of up to \$200 of items do	muce by an individual of up to \$100.	□ No				
Was this fundraiser a tag with purchases from an i	sale, auction, or other sale of donated items	☐ Yes	(If yes, enter Total Receipts here.)	Г	\$	
with purchases from an i	individual of up to \$100:	□ No			Ψ .	
Subpart 2: (Party Comn	nittees, Municipal Candidates and Political Comn advertising space in a program book or on a	nittees of	her than Exploratory Committees, (If yes, go to Section L3 Purchases of	) of Advertis	sing Space in a	Program Rook
sign associated with this			or on a Sign and complete required			I logiam book
Subpart 3: (Town Comp	mittaas ONI V)	□ No				
Did your committee sell	food or beverage at a fair or similar mass	☐ Yes	(If yes, enter Total Receipts here.)		\$	
gathering held within the	state with this fundraiser?	□No		Ĺ		
SUBTOTAL Section	on L1—Subpart 1 (All Committees) Total Receipts fr	om Sale	of Donated Items — This Page		(K)	
					~	
			ubpart 3 (Town Committees ONLY)  1 Food Purchases — This Page			
		TOTAL	of additional Section L1 Pages		(A)	
			ROM SMALL PURCHASES	<b></b>	<u> </u>	_
			Column A of Summary Page Totals)		$\varnothing$	

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

NAME OF COMMITTEE	Provide Complete Name as Register	ed with Filing Reposito	ny)	TYPE OF REPO	RT.	$\Omega$ .	
' Manua !	her Treasure	~		E WILL	11)4	~ til	the.
			ng in a Program	m Book or on a Sign	, ,		Z
Name of Purchaser						se Made By:	
						siness Entity	Other
	Marin .				☐ Ind	lividual/Sole P	
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ise	Amount of Sig	n Purchase
		·			X		
Name of Purchaser					Purchas	e Made By:	
					☐ Bu	siness Entity	☐ Other
					☐ Ind	lividual/Sole P	roprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	se /	Amount of Sig	n Purchase
Name of Purchaser			A Company of the Comp	,	Purchas	e Made By:	
					☐ Bu	siness Entity	☐ Other
·					☐ Ind	ividual/Sole P	roprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggrégate Purchases	for All Events	Amount of Program Ad Purcha	se 1	Amount of Sig	n Purchase
Name of Purchaser			-		Purchase	e Made By:	
					☐ Bus	siness Entity	☐ Other
					☐ Ind	ividual/Sole Pr	oprietorship
Street Address			City			State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	<u></u>	Amount of Sig	n Dunahasa
- Date Received	Zigit #	Tragregate Furenases	IOI 7 III DVOMS	Amount of Frogram Au Furcha	sc /	Amount of Sig	n i ui chase
Name of Purchaser					Purchase	e Made By:	
						siness Entity	☐ Other
					☐ Ind	ividual/Sole Pr	oprietorship
Street Address			City	•		State	Zip Code
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	se A	Amount of Sig	n Purchase
	SUBTOTAL Section L3 To	otal Purchases of	Advertising in Pr	ogram Rook — This Page			
					<del>/</del>	<u>)                                    </u>	
	SUBTOTAL Section	on L3 Total Purc	hases of Advertisi	ng on a Sign — This Page	Ø	5	
			TOTAL of ad	lditional Section L3 Pages	Q	<u> </u>	
TOTAI	. OF ALL PURCHASES O			M BOOK or ON A SIGN of Summary Page Totals)	7	5	
		1	,,	,,,,	<u>v_</u>		

NAME OF COMMITTE	E (Provide Complete Name as Register	ed with Filing Repository)			TYPE OF REPOR	Т	Λ	
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		ind Donations N	ot Consider	red Contribu	itions			()
Name of Donor								
							ممع	r*
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation				, and a state of the state of t	Fair N	larket Val	ue of Donation
☐ Business Entity								
☐ Individual	Date Received	Event #		Aggregate Value fo	or this Event			•
☐ Sole Proprietorship								
Name of Donor								
Street Address			City				State	Zip Code
Donation Given By:	Description of Donation					Fair M	larket Valu	e of Donation
☐ Business Entity ☐ Individual								
☐ Sole Proprietorship	Date Received	Event #		Aggregate Value for	r this Event			
Name of Donor								
Street Address			City				C4-4-	7:- C- 1-
Succe Address	/		City				State	Zip Code
B G. B							·	
Donation Given By:  Business Entity	Description of Donation			÷		Fair M	larket Valu	e of Donation
☐ Individual	Date Received	Event #	***	Aggregate Value for	r this Event			
☐ Sole Proprietorship	Date Received	Event #		Aggregate value for	tims Event			
Name of Donor			4					
Name of Donor								
Street Address	<u> </u>		City				State	Zip Code
							State	Zip Code
Donation Given By:	Description of Donation					E-/- M		CD
☐ Business Entity	Bescription of Bonation					Fair M	arket Valu	e of Donation
☐ Individual	Date Received	Event #		Aggregate value for	this Event			
Sole Proprietorship								
la.								
		SUBTO	TAL Section I	L4 — This Page		-		
		TOTAL	of additional S	Section L4 Page			<del></del>	
		TOTAL	or additional C	section E41 age.				
тот	AL OF ALL IN-KIND DONA							
	(Enter i	otal on Line 21, Colu	mn A of Summ	ary Page Totals				
		•						

NAME OF COMMITTEE (200	vide Complete Name as Registered with Filing Repos	itory)		TYPE OF RE	EPORT	^
Yournes to	r treasurer			aks	1 10ª	er filine
L5, I	n-Kind Donations Not Consider	ed Contributions Associa	ated with a I	House Par	ty	
Name of Host			Is this event s	supporting m	ore than o	ne candidate or
Tom 4 h	lelanie Barnes	_	committee?	mplete Itemiz		dendum L5
Street Address		City			State	Zip Code
1900° Pe	lelanie Barnes Erkins Street	Bristol			CT	04010
Description of Donation	10/m a 0			Fair Ma	rket Value	of Donation
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	nost/candidate		B	
1	Ø	Ø			$\varphi$	•
Name of Host		• • • • • • • • • • • • • • • • • • • •	Is this event s			ne candidate or
			If yes, co	mplete Itemiz	ation in Ado	dendum L5
Street Address		City			State	Zip Code
Description of Donation				Fair Mai	rket Value	of Donation
,	·					
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate			
Name of Host		<u> </u>				ne candidate or
			committee?	□ Yes □ N mplete <b>Itemiz</b> a		landum I E
Street Address		City	15 yes, con	inpicte itemiz	State	Zip Code
				•		
Description of Donation			·	Fair Mar	ket Value	of Donation
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this he	ost/candidate			
Name of Host		•	Is this event so committee?	upporting mo	ore than on	e candidate or
			1	nplete Itemiza		lendum L5
Street Address		City	•		State	Zip Code
Description of Donation				Fair Mar	ket Value o	f Donation
		T				
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this he	ost/candidate			
				·		
	S	SUBTOTAL Section L5 — '	This Page		Ø	
	TC	OTAL of additional Section	L5 Pages		0	
	ALL IN-KIND DONATIONS NOT				<u> </u>	
ASSOCIATED WITH A	HOUSE PARTY (Enter total on Li.	ne 22, Column A of Summary 1	Page Totals)		<u>y)</u>	

#### III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE. (Provide Complete Name as Registered with Filing Repository)  TYPE OF REPORT	Λ
Barnes for Treasurer Ouly 10th to	ilina
M. In-Kind Contributions	0
Name	war en e
Street Address City Sta	tate Zip Code
Type of contributor: Committee Date Received Aggregate Contributions Description of In-Kind Contribution	
☐ Individual / Sole Proprietorship ☐ Other    If contribution is in curear of \$400 to a wall the formation of the second of the	
or appendent time of a 1000   1   1   1   0   0000	Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches  Of government the contract is with:  Executive Legislative	
Name	
	·
Street Address City Stat	ate Zip Code
Type of contributor: Committee Date Received Aggregate Contributions Description of In-Kind Contribution	
□ Individual / Sole Proprietorship □Other	
125 Contanodator di 1050 / 1051 / 1051	Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1?  If yes, list Event #  Is contributor a principal of a state contractor or prospective state contractor?  If yes, indicate which branch or branches  of government the contract is with:  Executive Legislative	
Name	
Street Address   City   I State	13. 61.
	Zip Code
Type of contributor: Committee Date Received Aggregate Contributions Description of In-Kind Contribution  Individual / Sole Proprietorship Other	
	T · Manhat Value
or dependent child of a lobbyist?	Fair Market Value of this Contribution
Is this contribution associated with an event reported listed in Section L1?  If yes, list Event #   Security    Yes   Is contributor a principal of a state contractor or prospective state contractor?   Yes    If yes, indicate which branch or branches   No    of government the contract is with:   Executive   Legislative	
SUBTOTAL Section M — This Page	
TOTAL of additional Section M Pages	
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals)	· · · · · · · · · · · · · · · · · · ·
N. Refundable Deposit to Telephone Company	
Last Name of Individual First MI Date De	Deposit Made
Residential Street Address   City   State   Zin Gode	No godyna iddionum bro
	Amount of Deposit
Name of Telephone Company	•
Street Address City State Zip Code	
TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals)	

SEEC FORM 20 IV. EXPENDITURES (Sections P—T) Page 13 of 17 NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT P. Expenses Paid by Committee Name of Payer Method of Payment: Date of Payment ☐ Check # Debit Card ☐ EFT Street Address Zip Code O(oO)(c)Event # Amount Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: ○ A  $\circ$  B  $\circ$  C  $\circ$  D Name of Payee Date of Payment Method of Payment: ☐ Check # Debit Card ☐ EFT City 01001C Purpose of Expenditure (by code) Event # Amount Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o A  $\circ$  B  $\circ$  C  $\circ$  D Date of Payment Method of Payment: ☐ Check # Debit Card ☐ EFT Street Addres City Zip Code xoou Event # Purpose of Expenditure Description Amount (by code Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) 105.72 (if applicable) ☐ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) Organization: o A Name of Payee Date of Payment Method of Payment: Check #_1001 ☐ Debit Card ☐ EFT Zip Code City OLDOIC Description Event # Expenditure # Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) (if applicable) ☐ None of the below □ Independent ☐ Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: o SUBTOTAL Section P — This Page TOTAL of additional Section P Pages TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)

SEEC FORM 20 Revised January 2015

#### IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	EE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
tarne	s for Thasurer		1001410	in tiling
N. OR	P. Expenses	Paid by Committee	D. OR	1
Name of Payee	nd Package Store		Date of Payment  U-28-17	Method of Payment:  Check #_1()02  Debit Card  OEFT
Street Address	orth St	Pristol		State Zip Code  CT OLOGIO
Purpose of Expenditure (by code)	Description	E	Event #	Amount
Expenditure #	Wine + Beer for Funds	aiser	1	07170
(if applicable)	Type of Expenditure ( <i>Itemization in Addendum P Required un</i> None of the below	less "None of the below" is ch	ecked)	274.73
	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri			
Name of Payee	,	•	Date of Payment	Method of Payment:
				Check # Debit Card OEFT
Street Address		City		State Zip Code
Purpose of Expenditure	Description	E	vent #	Amount
(by code)				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unl None of the below Coordinated with reimbursement sought (joint expenditure)	) Independen	ıt	
Name of Payee	Coordinated without reimbursement sought (in-kind contrib	Organization Organization	Date of Payment	Method of Payment:
				Check # Debit Card OEFT
Street Address		City		Debit Card DEFT State Zip Code
Purpose of Expenditure (by code)	Description	E	vent #	Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is ch	ackad)	
(if applicable)	None of the below	uess Ivone of the vetow is ch	iecneu)	
	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind control Coordinated without reimbursement sought)			
Name of Payee			Date of Payment	Method of Payment:  Check #
Street Address		City		Debit Card DEFT
Succi Address		City		State Zip Code
Purpose of Expenditure (by code)	Description	E	vent #	Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required uni	less "None of the below" is ch	ecked)	
(if applicable)	None of the below	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril		nt nOAOBOCOD	
	S	UBTOTAL Section P — T	_ ,	13
	TO	ΓAL of additional Section	P Pages 322.	14
	TOTAL OF ALL EXPEN	NSES PAID BY COMM 19, Column A of Summary Pa		.8 ₇

NAME OF COMMIT	TEE Provide Complete Name as Registered with Filing Repository	i)		TYRE OF REPORT		<u> </u>
Danes	for Treasurer			July 11	24/	riling
Name of Payee (Name of I	Q. Campaign Exp	enses Paid by Cand		Date of Payment	T	)
ivaine of t ayee (Name by V	endos, Terson of Endry who cumulade pada directly)		,	Date of Fayment		bursement claimed? Yes   No
Street Address	·	City		···	State	Zip Code
		City			State	Zip code
Purpose of Expenditure	Description		Event #		<u> </u>	Amount
(by code)						
Name of Payee (Name of V	 'endor, Person or Entity who candidate paid directly)		I	Date of Payment	Js reimi	bursement claimed?
						Yes □ No
Street Address		City	L		State	Zip Code
	•					
Purpose of Expenditure	Description		Event #			Amount
(by code)						
Name of Payee (Name of V	Yendor, Person or Entity who candidate paid directly)	Western Programme and Company of the	/ I	Date of Payment	Is reim	oursement claimed?
						Yes 🔲 No
Street Address		City	•		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #			Amount
-						
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)		I	Date of Payment		oursement claimed?
Street Address		Lein				
Succi Address		City			State	Zip Code
Purpose of Expenditure	Description		Event #			Amount
(by code)						2 Amount
Name of Pavee (Name of V	endor, Person or Entity who candidate paid directly)		D	Date of Payment	Is reimh	ursement claimed?
				· · · · · · · · · · · · · · · · · · ·		Yes No
Street Address		City			State	Zip Code
						•
Purpose of Expenditure	Description		Event #			Amount
(by code)						
Name of Payee (Name of V	endor, Person or Entity who candidate paid directly)	<b>_</b>	D	Date of Payment	Is reimb	ursement claimed?
					_ ·	Yes □ No
Street Address		City			State	Zip Code
				·		,
Purpose of Expenditure (by code)	Description	·	Event #		1	Amount
	S	UBTOTAL Section Q —	- This P	'age		
	TO	TAL of additional Sectio	n Q Pa	ges (X	:	
	moment on all run	ENGES DATE DY SA	MDTD:			
	TOTAL OF ALL EXP (Enter total on Lin	ENSES PAID BY CAP e 26, Column A of Summary				

#### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTI	EE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	, Ω.		
'Darnes	for Treasurer		10)ly 10	12-fil	ing	
27	R. Expenses Incurred		dit Card		J	
Name of Issuing Instit	ution	Type of Credit Card:  ☐ Visa ☐ Master C	ın Express	Other:		
Name of Vendor, Person or	Entity		Date of Transaction			
Street Address		City	State	Zip Code		
Purpose of Expenditure (by code)	Description	<u> </u>		Amount		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required and None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind cor	ure)				
Name of Vendor, Person or	Entity		<del>/</del>	Date of Tra	nsaction	
Street Address		City		State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #		Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required and None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind con	ure) 🔲 Indepe				
Name of Vendor, Person or	Entity			Date of Transaction		
Street Address		City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	
Purpose of Expenditure (by code)	Description	<u> </u>	Event #		Amount	
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	SU	BTOTAL Section R — I	This Page			
	TOTA	AL of additional Section	R Pages		·	
тот	TAL OF ALL EXPENSES INCURRED ON C (Enter total on Line	COMMITTEE CREDI 27, Column A of Summary 1				
			<b>,</b>			

NAME OF COMMITT	EE Provide Complete Name as Registered with Filing Repository)		TYRE OF REPORT		Λ,
* Darnes	for treasurer		Solu 1	Jehr:	tiluna
	S. Expenses Incurred by Comi	nittee but Not Paid	During this Period		0
Name of Creditor				Date Incurr	red
Street Address		City		<u>                                     </u>	15/01
Sheet Address		City		State	Zîp Code
Purpose of Expenditure (by code)	Description		Event #	1	ount Incurred timate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required	unless "None of the below"	is checked)	1	
	☐ None of the below ☐ Coordinated with reimbursement sought (joint expendit ☐ Coordinated without reimbursement sought (in-kind con		endent zation o A o B o C o D	1.	
Name of Creditor				Date Incurr	ed
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		ount Incurred imate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum's Required to None of the below Coordinated with reimbursement sought (joint expendit Coordinated without reimbursement sought (in-kind company)	☐ Indepe			
Name of Creditor				Date Incurre	ed
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #	1	ount Incurred mate or Actual)
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required II  None of the below  Coordinated with reimbursement sought (joint expenditude Coordinated without reimbursement sought (in-kind control Coordinated Without reimbursement sought)	☐ Independence ☐ Organiz	•		
		SUBTOTAL Section S	S-This Page	)	
	To the second se	OTAL of additional Sect	ion S Pages	ſ	
TOTAL OF ALL E	XPENSES INCURRED BY COMMITTEE DURIN (Enter total on Li	NG THIS PERIOD BUT ine 28, Column A of Summa	/~/	,	
	Previously reported Expe	enses Unpaid and still Ou	ntstanding		
	TOTAL OF ALL EXPENSES INCURRED (Enter total on Line	BY COMMITTEE BUT e 28a, Column A of Summar			
			<i>/</i>		

						-			
NAME OF COMMITTE	E (Provide Complete Name as Registered with Filing Repositor	אני			TY	RE OF RE	PORT	<del>- (\</del>	,
Terres.	for Treasurer					$\supset \mathcal{U}$	10,	<u> 40</u>	ine
	T. Itemization of Reiml	bu	rsements and (	Secon	dary Pa	yees	1		0
Last Name of Worker/Cons	ultant	Fi	rst				MI	Date of I Person o	Payment to Vendor, r Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	<u></u>				Payment t	Reimburse	Committee \	Worker/Consultant as
						reported in	Section P:	De	bit Card
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant		City					State	Zip Code
						• /			
Purpose of Expenditure (by code)	Description				Event#		٧		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir	ed i	unless "None of the	below" i	iş checked)				
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Last Name of Worker/Cons	ultant	Fi	rst				МІ		Payment to Vendor,
								Person o	r Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	_						Committee \	Worker/Consultant as
		1				reported in	Section P:	_ De	bit Card
Street Address of Vendor, F	Person or Entity Paid by Committee Worker/Consultant	/	City					State	Zip Code
Purpose of Expenditure (by code)	Description				Event #				Amount
Expenditure #	T CE V. Atamiration in Adjuntum T Poquin		valors "Nove of the	halow" i	is abaakad)				
(if applicable)	Type of Expenditure (Itemization in Addendum T Requir  None of the below	eu i	iniess Wone of the	veiow i	з спескеи)				
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	Coordinated without reimbursement sought (in-kind	con	tribution)	Organi	zation: o A	о в о	$C \circ D$		-
Last Name of Worker/Cons	sultant	Fi	rst				МІ		Payment to Vendor,
								Person of	r Entity
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					Payment to	Reimburse	Committee V	Worker/Consultant as
						reported in	Section P:		
	Dill G iv W L G what		Lav			☐ Chec	k #	_ L De State	bit Card
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant		City					State	Zip Code
Purpose of Expenditure	Description				Event #				<u> </u>
(by code)	Beschpton								Amount
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(if applicable)	None of the below	еи і	iniess Trone of the	veiun i	s checkeuj				
	☐ Coordinated with reimbursement sought (joint expe	ndit	ure)	Indepe	ndent				
	☐ Coordinated without reimbursement sought (in-kind	con	tribution)	Organi	zation: o A	0 B 0	$\mathbf{C} \circ \mathbf{D}$		
		Š	SUBTOTAL Sect	ion T –	– This Pa	ge	Ø	-	
		T	OTAL of addition	al Sect	ion T Pag	es	7 N	,	
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	WC	RKERS AND	CONS	ULTAN	rs .	$\frac{\sigma}{\alpha}$		
TOTALOFALL	ADMIDGRAPHY TO COMMITTEE		7110	- J. 1.J			$\varphi_{-}$		